

# PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail**

**Mail Stop ISSUE FEE  
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or Fax (703) 746-4000**

**INSTRUCTIONS:** This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

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26285 7590 10/17/2003

**KIRKPATRICK & LOCKHART LLP  
535 SMITHFIELD STREET  
PITTSBURGH, PA 15222**



## Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

(Depositor's name)  
(Signature)  
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/897,235	07/02/2001	Stephen P. Norton	00774	8213

TITLE OF INVENTION: SMART CARD SYSTEM, APPARATUS AND METHOD WITH ALTERNATE PLACEMENT OF CONTACT MODULE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$0	\$1330	01/20/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
HESS, DANIEL A	2876	235-492000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Kirkpatrick &  
2 Lockhart LLP  
3

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

BellSouth Intellectual Property Corp.

Wilmington, DE 19801

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee

☐ Publication Fee

☒ Advance Order - # of Copies 10

4b. Payment of Fee(s):

☒ A check in the amount of the fee(s) is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 11-1110 (enclose an extra copy of this form).

Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature)

*Robert Smith*

(Date)

1/20/04

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450.

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01/22/2004 MGE BREM2 00000164 09897235

01 FC:1501

02 FC:8001

1330.00 OP

30.00 OP

TRANSMIT THIS FORM WITH FEE(S)



**PATENT**

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re application of: S. Norton

Application No.: 09/897,235  
Filed: July 2, 2001

Group Art Unit: 2876  
Examiner: D. A. Hess  
Confirmation No. 8213

For: SMART CARD SYSTEM, APPARATUS AND METHOD WITH  
ALTERNATE PLACEMENT OF CONTACT MODULE

**Mail Stop: Issue Fee**  
**Commissioner for Patents**  
**P.O. Box: 1450**  
**Alexandria, VA 22313-1450**

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Date of Deposit January 20, 2004

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**PTO FORM-85B (In duplicate)**  
**CHECK PAYABLE TO PTO**

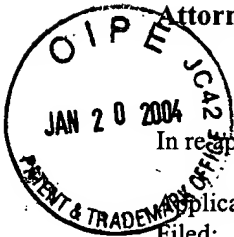
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**(Express Mail Certificate [8-3])**



Attorney's Docket No. 00774

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: S. Norton

Application No.: 09/897,235

Filed: July 2, 2001

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P.O. Box: 1450

Alexandria, VA 22313-1450

TRANSMITTAL OF PAYMENT OF ISSUE FEE (37 C.F.R. 1.311)

1. Applicant hereby pays the issue fee for the attached Issue Fee Transmittal PTOL-85.

2. Fee (37 C.F.R. 1.18(a) and (b)):

Application status is:

☐ small business entity-fee

A small entity. See 37 C.F.R. § 1.27 (65 Fed.  
Reg. 54603, September 8, 2000).

Regular  
☐ \$665.00

Design  
☐ \$240.00

☒ other than a small entity-fee

☒ \$1,330.00

☐ \$480.00

3. Payment of fee:

☒ Enclosed please find check for \$ 1,360.00.

☒ Charge Account 11-1110 for any fee deficiency.

☐ Charge Account \_\_\_\_\_ the sum of \$ \_\_\_\_\_  
A duplicate of this request is attached.

  
SIGNATURE OF ATTORNEY

Roberto Capriotti

(type or print name of person certifying)

Kirkpatrick & Lockhart LLP

Henry W. Oliver Building

535 Smithfield Street

Pittsburgh, PA 15222-2312

Reg. No.: 46,599

Tel. No.: (412) 355-8956

Customer No. 26285

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I hereby certify that this correspondence is, on the date shown below, being:

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